

# SSG. JON MARTIN MEMORIAL SCHOLARSHIP APPLICATION

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*Applicant must be a current high school graduating senior or post high school student who will be continuing his/her education. Applicants must also have graduated from Immaculate Conception School, Bellevue, Ohio.*

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Father's Name/Occupation** \_\_\_\_\_

**Mother's Name/Occupation** \_\_\_\_\_

**Student's Current Employment** (if applicable) \_\_\_\_\_

List three personal or employment references to whom you are related (include address and phone number):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information I have provided is completed accurate and true to the best of my knowledge.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Applications must be sent to:

Immaculate Conception School  
304 E. Main Street  
Bellevue, Ohio 44811

**Deadline: May 13, 2019**

High School Information:

**High School** \_\_\_\_\_

**Graduation Date** \_\_\_\_\_

**GPA** \_\_\_\_\_ **ACT Score** \_\_\_\_\_ **SAT Score** \_\_\_\_\_

University Information:

**First Choice** \_\_\_\_\_

**Second Choice** \_\_\_\_\_

**Anticipated tuition/fees per academic year** \_\_\_\_\_

**Major or Course of Study** \_\_\_\_\_

**Per the university's definition, I will be registered as:** Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Additional Documents to Include (all attached documents should be typed):

- Comprehensive list of the school and community activities which you have been involved in
- Comprehensive list of awards and honors which you have received
- Response to the following prompt:

***Ssg. Jon Martin was an Immaculate Conception School graduate who bravely served our country. He made the ultimate sacrifice to ensure the freedom that you have. In 300 words share what freedom means to you and how you can personally honor the sacrifice that Jon and others have made for you.***

Statement of Counselor or Principal:

I have reviewed this application and certify that this information is correct in so far as the official school records indicate.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_